



TYNGSBOROUGH BOARD OF HEALTH  
25 BRYANT LANE  
TYNGSBOROUGH, MA. 01879  
978-649-2300 X 118

PERMIT # \_\_\_\_\_

## Well Drillers Permit

### DRILLER INFORMATION

Company Name \_\_\_\_\_

Company Phone # \_\_\_\_\_

Driller's Name \_\_\_\_\_ Mass State License # \_\_\_\_\_

### WELL LOCATION

Owner \_\_\_\_\_

Address \_\_\_\_\_

Assessors Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_

### TYPE OF WELL

Drinking \_\_\_\_\_ Monitoring \_\_\_\_\_ Irrigation (Affidavit must be signed) \_\_\_\_\_

Ground Water Discharge \_\_\_\_\_ Decommission (Decommissioned Report Required) \_\_\_\_\_

Deepen Existing Well \_\_\_\_\_ Shallow Well (Required Board of Health Approval) \_\_\_\_\_

1. Well drillers must present a current MA Well Drillers License
2. Well driller must comply with all existing laws and regulations pertaining to such activities.
3. A plot plan showing the location of the well MUST be submitted with all well permit applications.
4. A WELL COMPLETION REPORT and WATER TESTS REPORT must be submitted to the BOARD OF HEALTH OFFICE within 30 DAYS of drilling the well.
5. IRRIGATION ONLY wells require proof that the system is separate from either the municipal water system or the private water system.
6. All samples for regulatory purposes shall be drawn by personnel from a MA certified laboratory, MA certified well driller, MA licensed Title 5 inspector (for Title 5 inspection only) or Board of Health Agent
7. Replacement wells REQUIRE a Decommissioned Well Report filed for the existing well no longer in use.

Driller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPLETION CHECKLIST

Well Completion Report Date: \_\_\_\_\_ By: \_\_\_\_\_

Water Test Report (with Chain of Custody) Date: \_\_\_\_\_ By: \_\_\_\_\_

Laboratory Name \_\_\_\_\_ Phone # \_\_\_\_\_

Irrigation Well Affidavit Date: \_\_\_\_\_ By: \_\_\_\_\_

Decommissioned Well Report Date: \_\_\_\_\_ By: \_\_\_\_\_

The BOARD OF HEALTH requires testing for the following:

Coliform, Total Plate Count, Color, Turbidity, Threshold (odor), pH, Iron, Total Hardness, Detergent, Nitrates  
Chlorides, Arsenic, Barium, Cadmium, Chromium, Selenium, Mercury, Lead, Silver, Copper, Gross Alpha Particles

Board of Health Date: \_\_\_\_\_ By: \_\_\_\_\_